



PATENT  
1996-045 (81841.0200)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Susumu ARIMORI et al.

Serial No: 10/053,274

Filed: January 17, 2002

For: PHOTO-INDUCED ELECTRON  
TRANSFER FLUORESCENT SENSOR  
MOLECULES

Art Unit: 1637

Examiner: Jezia Riley

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Date of Deposit

Wei-Ning Yang Reg. No. 38,690

Name

8/08/2003  
Signature Date

**RESPONSE TO RESTRICTION REQUIREMENT**

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Restriction Requirement dated July 17, 2003, Applicant elects for prosecution the claims of Group I, claims 22-32 with traverse.

If there are any fees due in connection with the filing of this response, please charge the fees to our Deposit Account No. 50-1314.

Respectfully submitted,

HOGAN & HARTSON L.L.P.

Date: August 8, 2003

By:   
Wei-Ning Yang  
Registration No. 38,690

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AUG 12 2003

FORM PTO-1083

HHS/DOJ  
1996-045 (81841.020) D3

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 08/08/2003

RECEIVED

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a Response to Restriction Requirement for above-identified application.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	11	-	39	**		LG=\$18 SM=\$9	\$
INDEPENDENT CLAIMS FEE	1	-	9	***		LG=\$84 SM=\$42	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$
						<b>TOTAL</b>	\$

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

A check in the amount of \$\_\_ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**

A check in the amount of \$\_\_ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**

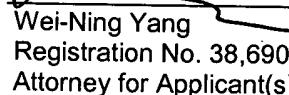
The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

By:

  
Wei-Ning Yang  
Registration No. 38,690  
Attorney for Applicant(s)

Date: August 8, 2003

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